

Indiana Department of Commerce
Community Development Action Grant 2001-2003
Application Cover Page

Program Objective:

The purpose of the Community Development Action Grant (CDAG) is to expand administrative capacity and program development for organizations whose missions include economic development. Investment will be prioritized toward organizations whose focuses are areas of economic disadvantage/distress.

Application Criteria:

- ✓ Numbered pages and/or tabbed sections
- ✓ Specific objectives for your organization's use of CDAG funds in the following categories:
 - Salaries
 - Office facilities (rent)
 - Professional services
- ✓ Clear, current, and audited financial statements
- ✓ Letters of support from the community which demonstrate strong partnerships for economic development initiatives in a specific service area
- ✓ An organized and detailed CDAG Program budget with line item, local match commitment and explanation

Application Requirements:

- **Your application will fail threshold if it does not contain proof of the following (if applicable):**
 - ❖ Tax-exempt status with the Internal Revenue Status (501c or governmental entity)
 - ❖ Tax-exempt status with the Indiana Department of Revenue
 - ❖ Recent report to demonstrate good standing with the Indiana Secretary of State
 - ❖ Separation of church and state agreement for religious intent (faith-based organizations)

Also:

Applicants must show a readiness to proceed by documenting verification of source and amount of matching funds necessary to satisfy the grant requirements.

- **CDAG applicants must show evidence of a strong, dollar-for-dollar local match (no in-kind) with correct ratio.**

Organizations serving:

One county:	2:1 match ratio
Two or more counties:	1:1 match ratio

- **One original and three copies of this application must be received by the Community Development Division of the Indiana Department of Commerce no later than 5:00 p.m. (Indianapolis time) on Friday, August 17, 2001 (postmarks will not be accepted).**

Contact Information:

Community Development Division:	1-800-824-2476 or 317-232-8911
David C. Lewis, Deputy Director:	317-232-8905
John Zody, CDAG Program Manager:	317-232-7160
Luana Leonard, Program Coordinator:	317-232-8786

Indiana Department of Commerce
Community Development Action Grant (CDAG)

Deadline: One original and three copies of this application must be received by the Community Development Division of the Indiana Department of Commerce no later than 5:00 p.m. on Friday, August 17, 2001 (Indianapolis time). NOTE: Postmarks will not be accepted.

A. Applicant:

Organization: _____

Contact: _____

Street Address: _____

City, County, Zip Code: _____

Phone: () _____ Fax: () _____ Email: _____

Fed. I.D.#: _____ Indiana Non-Profit #: _____

Check the box that best describes your organization:

- ☐ Urban Enterprise Association, IC 4-4-6.1 ☐ Economic Development Commission, IC 36-7-12
☐ Regional Planning Commission, IC 36-7-7 ☐ Not-for-profit educational organization
☐ Not-for-profit promoting business development, expansion or retention
☐ Other similar not-for-profit organizations whose purposes include economic development (see attachments page)

B. Program/Project Name and Brief Description for use of CDAG funds:

C. Geographic Information

Indicate whether your organization serves a single-county () or multiple county area ().

D. Use of Funds

Check the eligible activities for which you intend to receive CDAG reimbursement:

- ☐ salaries ☐ office facilities ☐ professional services

Total CDAG funds requested: \$ _____

Total Program/Project Costs: \$ _____

Match Amount and Source: \$ _____ from _____

- Please address every question.
- Failure to address requested information could result in rejection of application.
- Although a completed application may require more space than is provided in this form, your organization's CDAG application should follow this exact format. Please attach additional pages if necessary.
- A mandatory CDAG awardee workshop will take place in October 2001.

E. Economic Disadvantage/Threshold Criteria: (45 points)

- 1.) The enacting statute requires that preference be shown to organizations that expend CDAG funds on projects that benefit economically disadvantaged areas:

(a) Benefit Area

(10) Is the unemployment rate of the project service area above state average? Yes () No ()

What is the unemployment rate? _____.

What is your source of information? _____

(10) Is the median income of the project service area below state average? Yes () No ()

What is the median income? _____

What is your source of information? _____

(b) Special Designation District

(15) Is the program or project located in a special designation district? Yes () No ()

(i.e. Urban Enterprise Zone, Empowerment Zone, Enterprise Community, Main Street, Slum & Blighted Areas, etc.)

If so, please state designation: _____

(c) Other

(10) Will the proposed CDAG project promote the redevelopment of a brownfield property for a productive use?

If so, please explain:

Total: ()

F. Project and Organization Description/Timeline (35 points):

(15) 1.) (a) Briefly describe the proposed CDAG project.

(b) Provide a detailed timeline for implementation of the proposed project.

*Timeline should start in January of 2002 (estimated date of returned executed contract).

*Timeline should end in January of 2003.

(20) 2.) Does your organization have the relevant skills and administrative capacity to carry out the proposed program/project?

(10) If personnel in your organization will perform services related to the proposed CDAG project, please provide their credentials (resume and relevant experience).

AND/OR,

(10) If your organization intends to contract with a third party to carry out all or part of the services related to proposed CDAG project, please (1) provide the credentials of the third party contractor (resume' and relevant experience) and (2) provide examples of experience your organization has in overseeing subcontractors.

Does your organization have experience with the administrative/reporting requirements associated with state grants? If not, what experience does your organization have which would better prepare it for meeting the administrative/reporting requirements of the CDAG grant?

G. Project Need: (140 points)

Please be sure to answer each question thoroughly.

(50) 1.) How has your organization determined that a service gap exists for this particular project in your area?

- * *Document the service gap by attaching relevant information from surveys, statistical/university studies, board resolutions, needs assessments, newspaper articles, etc.*
- * *Do other organizations with similar missions exist in your organization's service area? If so, provide evidence which demonstrates their support for your organization's project. Also, describe the niche which each organization fills in service provision.*

(50) 2.) How will the proposed project aid in the provision and/or retention of high-paying, secure jobs for residents of your organization's service area?

(15) 3.) Demonstrate that this program/project is a top priority for your organization (*reference by-laws, mission statements, board retreats, strategic plans, meeting minutes, etc.*). A resolution from applying organization's board of directors is required as a separate attachment.

(25) 4.) How does the intended use of CDAG funds support your organization's long-term planning? (reference strategic plan, etc.)

Total: ()

H. Financial Need: (145 points)

(45) I. Current Financial Status:

- (20) Provide your organization's operating budget for the current year as well as last year's financial statements as an attachment (*please note that audited financial statements are preferred*). If you feel that the information provided above does not accurately illustrate your financial situation, please provide additional commentary in the space provided.

Readiness to Proceed

- (25) Provide support documentation of local financial commitments for the proposed CDAG project. Verification of matching source and amount of funds must be included in this section. **Commitment letters from Chief Executive Officer/Elected Official are required on letterhead from organization providing matching funds.** Also include any other financial commitments that will aid in the completion of the CDAG program.

NOTE: Match source and amount must be provided for applicant to be eligible.

(50) II. Projected CDAG Project Cost:

Use this section to further explain the CDAG project budget.

- (35) **1.)** This point category corresponds to the CDAG budget. Applicants will be scored on whether the budget adds up, and whether a unit cost is determined for each line item in the "explanation" section.
- (15) **2.)** Provide additional information that further documents the CDAG project budget (real estate quotes, salary scale, professional service estimate, etc.).

(50) III. Financial Gap:

Use the space provided in this section to explain the need for CDAG funds to complete the proposed program/project.

- (25) **1.)** Applicant is scored on a combination of (1) lack of surplus funds in the operating budget for the current year and (2) the soundness of the CDAG project budget.
- (25) **2.)** If there is no expansion of services (ongoing operations), document the change in your organization's financial picture (loss of revenue) which has prompted application for CDAG funds.

OR,

If there is an expansion of services, demonstrate that the cost of those services is commensurate with the amount of CDAG funds requested.

Total: (____)

I. Local Effort: (135 points)

(40) I. Community Support:

(20) 1.) Demonstrate the support or opposition of the appropriate authorities on the subject.*
(colleagues in field of your organization's expertise, etc.)

(20) 2.) Demonstrate the support or opposition of the community at large.*
(community leaders, elected officials, citizens)

**Please attach letters of support, newspaper articles, resolutions, etc. Any attachments should be current.*

(35) II. Planning and Preparation:

(15) 1.) Has your organization accessed all local resources, both financial and technical? Please give examples and documentation of efforts to access resources, other than CDAG, which would aid your organization in completing the proposed CDAG project.

(20) 2.) Has your organization undertaken planning processes, specific to the proposed CDAG project, which will aid your organization in successfully completing the proposed CDAG project?

(30) III. Due Diligence:

- 1.) How did your organization arrive at the unit costs for CDAG funded expenses?
- *If your organization intends to pay for salaries or professional services, what is the hourly rate? Is that a reasonable rate of pay? How do you know?*
 - *If your organization intends to lease office space, what is the cost per square foot? Is that a reasonable rate of pay? How do you know?*

(30) IV. Past Performance Evaluation:

- 1.) Applicant will be evaluated based on past success with Community Development Action Grant agreements from the prior biennium (1999-2001 biennium cycle).
- **If applying organization is a new applicant, full points will be awarded.**
 - **If applying organization fully expended a 1999-2001 award, full points will be awarded.**
 - **If applying organization failed to expend all funds awarded, the following point deductions will be taken from this section (maximum of 30):**

0 - 1% of funds not expended:	No point deduction
2% - 10% of funds not expended:	5-point deduction
11% - 20% of funds not expended:	10-point deduction
21% - 30% of funds not expended:	15-point deduction
31% - 40% of funds not expended:	20-point deduction
If fifty or more percent (50+%) of funds were not expended:	30-point deduction

NOTE: Remaining percentages will be based on monitoring results from the Office of the Controller of the Indiana Department of Commerce. Rounding of percentages will be used (ex. 10.2% remaining = 10%; 10.5 % = 11%)

If your organization did not fully expend an award during the last biennium of CDAG, please explain why:

Total: ()

6

Attachments:

- ☐ Verification of match commitment from Chief Executive/Elected Officer of organization providing match
- ☐ Letters of endorsement
- ☐ Proof of not-for-profit, tax-exempt status with Internal Revenue Service
- ☐ Proof of not-for-profit, tax-exempt status with the Indiana Department of Revenue.
- ☐ A copy of the organization's most recent report to the Secretary of State, "Annual Report of Non-Profit Corporation." This can be obtained through the Corporations Division of the Office of the Secretary of State, (317)232/6576.
- ☐ Agreement for religiously affiliated organizations (separation of church and state) (if applicable)
- ☐ A copy of the organization's most recent financial statement (2000)
- ☐ Applicant's current year operating budget (2001)
- ☐ Entity Annual Report (E-1) form (if applicable)
- ☐ A list of Board of Directors and their affiliations
- ☐ Resolution from the Board of Directors indicating awareness and support of proposed program (meeting minutes or resolution indicating specific program discussion with list of board members present)
- ☐ A copy of your organization's mission statement
- ☐ A map of the project area indicating the location of the project (last page of application)
- ☐ If your organization chooses to apply as "other similar not-for-profit organizations whose purposes include economic development", please include:
 1. A letter of support from a local economic development organization which fits the description of one of the first five types of organizations mentioned on page one of this application. This letter should support the CDAG activity proposed in this application and should be on the letterhead of the endorsing organization.
 2. Provide documentation which demonstrates that your organization's CDAG activity is consistent with the local economic development plan of the endorsing organization. Please provide the relevant portion of the endorsing organization's local economic development plan.

Example: Your organization proposes to fund a housing counselor position. Affordable housing is ranked as the third greatest need facing the service area of a local economic development organization in its most recent strategic plan. Provide the summary of greatest needs and the passage from the plan relevant to affordable housing needs.

J. Certification of Applicant's Chief Elected Officer (Board President)

I certify that submission of this application has been duly authorized by the governing body of the applicant; that the applicant has the legal capacity to carry out the proposed program; and that the proposed program is designed to meet the community-economic development goals of the applicant's service area. I understand the Indiana Department of Commerce retains the right to award less than the requested amount and make conditional awards.

Signature: _____ Date: _____

Printed name and title: _____

Budget:

A	B	C	D	E
Expense:	Project cost:	CDAG share *	Local Share ** (Match)	Other sources:
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

TOTAL PROJECTED: \$_____ *\$_____ ** \$_____ \$_____

* *CDAG dollars can only reimburse expenses incurred for: (1) salaries, (2) professional services ,and (3) office facilities*

This amount must be identical to the amount of CDAG dollars requested on the front page of this application. If your organization and CDAG project serves one county, \$50,000 is the maximum allowable request for CDAG funds. If your organization and CDAG project serves more than one county, \$75,000 is the maximum allowable request for CDAG funds.

** *If your organization and CDAG project serves one county, the total for column “D” must be at least 2x the total for column “C”. If your organization and CDAG projects serves more than one county, the total for column “D” must be at least equal to the total amount for column “C”.*

Budget Column Formulas/Descriptions:

A=Text/Line Item Description

B=Total Line Item Cost (C+D+E)

C=Amount of CDAG funds requested, broken down by line item

D=Amount of local match (should be either equal to C, or at least 2 x C)

E=Other funding sources to complete CDAG program/project

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):

A	B	C	D	E
Expense:	Project total:	CDAG share:	Local Share	Other sources: (Please Specify)

*explanation (should identify unit cost for line item expense listed above):